
Program Memorandum Intermediaries/Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal AB-03-029

Date: FEBRAURY 28, 2003

CHANGE REQUEST 2555

SUBJECT: Health Care Claims Status Category Codes and Health Care Claim Status Codes for Use with the Health Care Claim Status Request and Response ASC X12N 276/277

This Program Memorandum (PM) instructs you to update your claims system with the most current health care claims status category codes and health care claim status codes for use with the Health Care Claim Status Request and Response ASC X12N 276/277.

Under the Health Insurance Portability and Accountability Act (HIPAA), all payers must use health care claims status category codes and health care claim status codes approved by the Health Care Code Maintenance Committee. At each X12 trimester meeting (generally held the months of February, June and October) the Committee may update the claims status category codes and health care claim status codes. The most current codes can be found at www.wpc-edi.com. Included in the code list are specific details such as the date when a code was added, changed or deleted.

By July 1, 2003, you must have all applicable code changes and new codes, that are posted to the Web site as of March 31, 2003, for use in production. The HCFA Part B Standard System (HPBSS) and its carriers are exempt from this requirement until carriers transition to the Multi-Carrier System (MCS).

By July 1, 2003, contractors must provide information in a regularly scheduled news bulletin regarding the implementation of the update to the claims status category codes and health care claim status codes for use with the Health Care Claim Status Request and Response, ASC X12N 276/277. Contractors must inform providers of any new codes providers may see in 277 responses.

CMS will issue instructions through the Change Request process regarding future changes to the codes. Contractor and shared systems changes will be made as necessary, as part of a routine release to reflect applicable changes such as retirement of previously used codes or newly created codes that may impact Medicare.

The effective date and implementation date for this PM are March 28, 2003.

This instruction is to be implemented within your current operating budget.

This PM may be discarded April 1, 2004.

If you have any questions, contact James Krall on 410-786-6999, E-Mail: jkrall@cms.hhs.gov.

CMS-Pub. 60AB